

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 107069545		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		2		1		1	53				
4		3		3		3	54				
5		3		3		3	55				
6		3		3		3	56				
7	1		1		1		57				
8		3		1		1	58				
9		3		1		2	59				
10		3		1		1	60				
11							61				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2		2		TOTAL IND.				
TOTAL DEP.	8		14		15		TOTAL DEP.				
TOTAL CLAIMS	10		16		17		TOTAL CLAIMS				

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